V. S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLAGE OF DEATH
County Somerae



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Roosevelf archer

FULL NAME TOTAL OF THE PROPERTY OF	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male negro 5 single, markets, willowers, without the single of the singl	16 DATE OF DEATH July 21, 1914. (Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY That I attended deceased from
/2.	Telay 20, 1914, to They 21, 1914
(Month) (Day (Year)	that I last saw h In allve on Helle 20 191 3
7 AGE It LESS than	and that death occurred on the date stated above, at 4 '41 Am,
2 15 1 day,hrs.	The CAUSE OF DEATH* was as follows:
mos os. ORmin. ?	at A a ' t
(a) Trade, profession, or particular kind of work	Cholera infantieno
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. mos Z / ds.
9 BIRTHPLACE (State or country)	Gontributory
10 NAME OF Levries archer	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF HOLDERS OF THE STATE O
OF FATHER (State or country) 12 MAIDEN NAME Climbelle Was of MOTHER	TAU, SOUCIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place ot death?
(Intersant) Morris archer X	Former or usual residence
(Address) Mariors Stales hed	19 PLACE OF BUR AL OR REMOVAL DATE OF BURIAL
Filed 7-21-191 & 7-7 adams REGISTRAR	20 UNDERTAKER 20 UNDERTAKER ADDRESS MAGA
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease Groccity; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be judi-Never return "Laborer," "Foreman," statement; (6)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Narasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampic: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from may be stated under the head of "Dropsy," "Exhaustion," The nature of the Never report



BINDING ESERVE

PHYSICIANS should of OCCUPATION 18 RECORD PERMANENT AGI INK pe UNFADING may certificate. that 80 0 should plain Instructions information = DEATH Jo Every Item CAUSE OF FO Important. m z

13 BIRTHPLACE OF MOTHER

15

(State or country

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lif death occurred in -Ward) a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Year) ORDIVORCED Write the word) LHEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in Doration) which employed (or employer) -----Contributory BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

In the

of death yrs. mos. ds. State
Where was disease contracted, 200—
If not at place of death?

Former or usual residence Deal Search Ma

DEUL John De TAKER

July 18, 1913

Glerbsler Draeid

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. 8. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscipios of lungs, meninges, peritonacum, etc..

childbirth or miscarriage, as "PUERPERAL septichaegenital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably sulcide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPIRAL peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never repor The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can "Exhaustion, For viod8.



V. S. No. 1.

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PHYSICIANS should of OCCUPATION IS PERMANENT classified. pe certificate. 80 0 WITH back terms, pinous Instructions 5 of Inform WRITE See Item OF mportant, Every It

state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [It death occurred loWard) a hospital or institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word) (Day (Year) CERMFY. That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day,hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death State yrs. __ _ mos. _ ds. Where was disease contracted, If not at place of death? Former or osuai residence 15 20 UNGERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Regnesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Househeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH

7045

County & Omero

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 260

VIIIage or City Calley from (No	St.; Ward) [It death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word) 6 DATE OF BIRTH (Mouth) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from 191 that I last saw hally ally and 191
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date atated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	(Duration) yrs mos 4s.
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Boration) yrs
(Intermant) (Address)	Where was disease contracted, It not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL ANDRESS ANDRESS

If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

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state

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sof(No.	
, Teccino	

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.:---Ward)

If death occurred in a hospitel or institution. give its NAME Instead of street and number.]

DATE OF BURIAL

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVERCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date atated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (e) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE Vorucess OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place of death _____ yrs. ___ mos. ___ Stete_ Where wes disease contracted. 14 THE ABOVE IS TRUE OF MY KNOWLEDGE If not at place of death? Former or (Interment)

usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

OF BURIAL OR REMOVAL

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(Address

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back

Instructions

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[Approved by U. S. Censns and American Public Health Association.]

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Village or City hear Brownske (No. 2FULL NAME MERCY Anne Miles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 262 St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, Midowo ORDIVORCED	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH When the state of Death (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from July 19 1914, to July 19 1914. that I last ssw h. D. alive on July 19 1914. and that death occurred on the date stated above, at 11 P.m., The CAUSE OF DEATH* was as follows: Suprimitions of Oac General weaking 19 1914 (Duration) Loveral Days Corneloes for Laveral Days Corneloes for Confined to God 14 (Duration) Confined to God 14 (Duration) Contributory Old Oge and too many delter, Secondary About one year (Duration) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or usual residence. 19 Place Of BURIAL OR REMOVAL DATE OF BURIAL for the place of death? Former or usual residence.
Filed July 25, 1914 Cafowell REGISTRAR	Stenenson Brog Pacombe
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Raito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of agocated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner; (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a dcfinlte disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. ture of the American Mcdical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," The nature of the "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG & total



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information ahould be carefully aupplied. AGE ahould be stated EXACTLY. PHYSIGIANS should atete CAUSE OF DEATH in plain terma, ao that it may be properly claasified. Exact atatement of OCCUPATION Ia very important. See instructiona on back of certificate.

PRACE OF DEATH 7048	STATE OF MARYLAND
commencer of	CERTIFICATE OF DEATH
0 . 1 .	Registration Dist, No.
VIIIage or City Cusfield (No. 75mm	St.; Ward) [If death occurred is a hospital or institution, give its NAME lestead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, W/	16 DATE OF GRATH ()
Male While wood and	(Month) (Day (Year)
DATE OF BIRTH Que such 22.014	17 HEREN CERTIFY That nattended deceased from
7 AGE (Youth) (Day (Year)	and that death occurred on the date stated above at 3 30 m.
6 / yrs // mos ds or mm²	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or lea Food NEaler particular kind of warring a food NEaler	augua Patrus
(b) Beneral nature of Industry, business, or establishment of which amployed (or application of the control of	(Operation) yes onds es.
Staffor arion Hd	Secondary Quraljon yrs mos ds.
FATHER ME Couldoury of	(Signed) L. L. Morres . N. O.
STATE OF FATHER STATE OF FATHER STATE OF FATHER STATE OF	*State the DISEASE CAUSING DEATH, on in deaths from VIOLENT
1 MAJOEN NAME OF BOME	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BYRTHELAGE SE BY MOTO	At place of death
Internal Eurit S, allower	Where was disease contracted, If not at place of death? Former or usual rasidence.
(Address Rissilla Elea	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Flied19	20 UNDERTAKER D ADDRESS
REGISTRAR	& Tawah Elist 800711
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skuil, and consequences (c. g., such, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mailgtetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of

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RECEIVED
AUG. 8 1914
BUREAU. V.S.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH should ion is Registration Dist. No. OCCUPATION Ilf death occurred inWard) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX S SINGLE MARRIED, Marries (Month) Write the word) I HEREBY CERTIFY, That I (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -certificate. Contributor BIRTHPLACE (State or country) 10 NAME OF FATHER 10 back PARENTS 11 BIRTHPLACE . 191 (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER Instructions pial 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State yrs. Where was disease contracted. If not at place of death? Former or usual residence. mportant. OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, C E. Frankfin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the klud of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefiuite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronie interstitial nephritis. nant neoplusms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for muligoma, Sarcoma, etc., of..... (name origiu; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by earbolie acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septiehae etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



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Very OCCUPATION IS PHYSICIANS ō statement PERMANENT classified. 9 THIS properl NX aupplied. pe UNFADING may D PLAINLY EAT OF CAUSE OF

0 terms, n back ATH in plain

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

If death occurred in a hospital or institution. give its NAME instead of street and number. I

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. 191 WIDOWED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or eatabliahment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF 11 BIRTHPLACE PARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT Croses, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the of death ____ yrs. ___ mos. __ State _____ yrs. Where was disease contracted. If not at place of death? Former or usoal residence OF BURIAL DATE OF BURIAL 15 ADDRESS Filed. REGISTRAR

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LENT DEATHS State MEANS OF INJURY and qualify as mia," "Fuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nativular heart disease; Chronic interstitial nephritis, ture of the American Medicai Association.) cause of death approved by Committee on Nomenclascpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbotic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcona, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raincay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of

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SEP I 1914

OCCUPATION IS PHYSICIANS RECORD PERMANENT properly class supplied. pe UNFADING may certificate. 80 0 back terms. should plain See instructions Information 5 of Inform Item OF mportant. CAUSE 0 ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred io -Ward) a hospital or institution, give its NAME tostead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from that I last saw h. (Month) (Dav (Year) 7 AGE if LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH* was as follows: ord min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or amployer) 9 BIRTHPLACE (State or country) Contributory_ Secondary 10 NAME OF FATHER. PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) OF MOTHER (State or country At place in the of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ___ mos. ___ Where was disaasa contracted. if not at place of death?-Former or usoai residenca. 19/PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 16 ADDRESS REGISTRAR If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

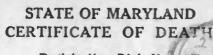
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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state beATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A CAUSE OF Important. S

PLACE OF DEATH 7452



Registration Dist, No.

.....Ward)

It death occurred in hospitat or institution, of street and number.]

-FOLL NAME			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Fiele White the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVDRED (Write the word)	16 DATE OF DEATH , 1914 (Mouth) (Day (Year)		
Month (Day (Year)	17 I HEREBY CERTIFY. That I attended deceased from 1914 to 1914. that I last saw h allve on 191		
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12 fr.m. The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Doration) yrs. mos. 6s.		
9 BIRTHPLACE (State or country) Somewhat Co	Contributory State (Boration) yrs mos ds.		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Hosticidal.		
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place 10 the 0f deathyrsmosds Where was disease contracted,		
(Informant) Persongs Lawrence	If not at place of death? Former or usual residence		
Filed July 9, 191 H & & Collins REGISTRAR	20 UNDERTAKER LAWRON Cresseld. Ma		
If more blanks are needed, address State Regist	crar, 6 E. Franklin St., Balto., Requesting V. S. No. 1		

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL perilonitis," etc. State cause for childbirth or misearriage as "Puerperal scotichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Can-The contributory Aiways qualify aii diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1914

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PHYSICIANS should statement RMANENT EXACTLY. classified. pinous properly AGE supplied. pe UNFADING may certificate. that It 80 0 be back terms, should plain Instructions Information 2 EATH of i OF Item Every item CAUSE OF Important.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death accurred in .Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED WIDOWED (Dav word) attended deceased (Day TAGE If LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN N 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs, ____ mos. ___ ds. State _____ yrs. ___ mos. Where was disease contracted. If not at place of death? Former or usuaLresidence (Address). 16 20 UNDERFAK PORESS!

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. A

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE statement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplusms); Measles; Whooping cough; Chronic scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or misearriage as "Puerperal soptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Seuile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For Vio-



A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

Important.

S. No. 1.

County Occasion

7054

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Westone (No,	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Iny (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE Tage (Month (Day (Year)) (Year) 1 (LESS than t day, hrs. yrs. mos ds. OR min.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER Same Friendley 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Survey Jones. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace in the ot death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at piace of death? Former or usual residence.
(Address)	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 7/10, 1914 20 UNDERTAKER ADDRESS WESTON MA

If more blanks are heeded, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSINO NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucists of tungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viodent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of



PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement UNFADING INK-THIS IS A PERMANENT stated EXACTLY. AGE should be carefully supplied. so that it may be See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s Important.

7055

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.	:Ward)	a h
01		give
5	1	of e

Ilt death occurred in

2FULL NAME Not. Hamil	a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Il'rite the word)	DATE OF DEATH Mingh) (Day (Year) HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h alive on 191
7 AGE	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Signed) (S
(Informant) (Address) (Address)	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. it should be used only when needed. the nature of the business or fudustry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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No.

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N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 15 UNFADING INK-THIS WITH PLAINLY. WRITE important.

	ounty Source (No. 156)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2,68 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 55	A	16 DATE OF DEATH (Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended deceased from
6 D	MONTH (Month) (Day) (Year)	that I last saw h
7 AC	yrsmosds. If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) par (b) busi	Trade, profession, or floular kind of work	during birth (Ouration) yrs. mos. 4s.
-	RTHPLACE (ate or country) 6 have	Contributory
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
п.	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
	Informant) Chara Ma	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL
	PEGISTRAR If more blanks are model address Steel by January C. V.	2D UNDERTAKER LESTE WEST WOOD ISLAND.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health
Association.]

Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer." etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first ilne will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithfuiminc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (b) For persons

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

VIII	PLACE OF DEATH 7057 Unity Sommer 7057 Jage or City Coung Imp (No. 1) 2FULL NAME YONG CALLU	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred la a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	Block Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month (Day (Year)
6 D/	ATE OF BIRTH	191 to 191
	Jun 9, 1914	that I last asw h
TAC	(Month) (Day (Year)	and that death occurred on the date stated above, atm,
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
(a)	yrs	Cholin Tyonem
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration)yrsmosds.
9 81	RTHPLACE (State or country) James Cy.	GentributorySecondary
S	10 NAME OF Wally Gordy	(Buration) yrs mos ds.
N	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF IN CORTER STORM VICE AND
ARENT	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos. ds
	Informant) Augus A Courum	Where was disease contracted, If not at piace of death?
16	(Address) Callogs Em	19 PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL PLACE OF BURIAL 1914 1914
File	REGISTRAR	Laura V. Laurino & Comess
(If more blanks are needed, address State Regist	rar, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

causing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be Indl-Women at home, who are engaged in the

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such, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" Is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclasepsis, tetanns) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion," Never report



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OCCUPATION PHYSICIANS RECORD ō EXACTLY. ciassified. pe D properly AG supplied. pe may certificate. carefully = that to back terms, 0 plain instructions = of infor See Item OF mportant. Every it œ.

16

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ilf death occurred inWard) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day. hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 0 13 BIRTHPLACE At place in the OF MOTHER of death State (State or country yrs. mos. ds. Where was disease contracted. It not at place of death? Former or usual residence. DATE OF BURIAL

If more hianks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children. not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carcin-

dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic--Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convultions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of _ is less definite; avoid use of "Tumer" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

-	Mara	in the second second
	PLACE OF DEATH	STATE OF MARYLAND
1	County Samuel Service	CERTIFICATE OF DEATH
/	County County	Registration Dist. No. 268
	Village or City Toly Slaud No. 154,	St.; Ward) [If death occurred in a hospital or institution,
	Le Maria	give its NAME iostead of street and number.]
1	*FULL NAME Thu () Cur	7 /0 / 20 / 20
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, MARRIED,	16 DATE OF DEATH (Month) (Day) (Year)
ĺ	ORDIVORCED (Write the word Mull	17 I HEREBY CERTIFY, That I attended deceased from
	6 DATE OF BIRTH	Jeph 1912, to Jacy 10th 1914
	(Month) (Day) (Year)	that I last saw h a calive on July 10 72, 1914
	7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
	yrsds. ORmin. ?	Intersplie Mephrilis
	8 OCCUPATION (a) Trade, prefession, or particular kind of Work	
	(b) General nature of industry, business, or establishment in	1 (May)
	which employed (or employer)	(Ouration) yrs. mos. ds.
	State or country) DENG Island Ml	(Secondary) (Duration) (Duration) (Duration)
	10 NAME OF FATHER	(Signed)
	a must varies	Tely/6, 191 4 (Address Deuts Deuts
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
	of Mother Mana	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	informant, algie Harries Son	Former or usual residence.
	(Address) DEOLI Mound	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
	16 0 0 14 1 8 13 1 14	DEALS Island July 17 , 1914
	Filed July 1914 Les: Stances RECISTRAR	20 UNDERTAKEN ADDRESS ADDRESS
	If more blanks are needed, address State Registran	G. E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Kervant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. additional line is provided for the latter statement; Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpenal schilchaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Exhaustion, Never report Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

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RECORD

S. No. 1. 1 N.B.—Every Item CAUSE OF I

1 PLAGE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and nomber.]

²FULL NAME	V D Well
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Black Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from
TAGE TAGE TO 12 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2	that I last saw h alive on 191
Sul Born 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Drack Born
(b) General nature of indostry, business, or establishment in which employed (or amployer)	(Dyration) yrs mos. 6s.
9 BIRTHPLACE (State or country) Cristiell	Secondary (Duration) yrs mos ds
10 NAME OF CITTURE HOSSEY	(Signed) Yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 7	*State the DISEASE CAUSING DEATH, or, in Teaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
OF MOTHER THESTER King	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	At place In the of death yrs mos ds. State yrs, mos de Where was disease contracted.
(Informant) Junes Kring	If not at place of death?————————————————————————————————————
(Address) Cusfield	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 14 191 4 Dy le Elolling	20 UNDERTAKER DODRESS
If more blanks are needed, address State Regist	Trans & D. Dennishin St. Balk. D.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ageness of various pursuits can be known. The question been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (secondary or intercurrent) death), 29 ds.; "Exhaustion,"



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WITH

PERMANENT

Very should ION is OCCUPATION PHYSICIANS statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) DATE OF BIRTH (Monita) (Day (Year) TAGE It LESS than 1 day hrs. mos OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory certifica Secondary 10 NAME OF FATHER (Signed) 50 11 BIRTHPLACE (Address PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 6 12 MAIDEN NAME plain Instructions OF MOTHER Information OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place OF MOTHER (State or country) in the DEATH ot death _____ yrs. ____ mos. ___ ds. Where was disease contracted. See 0 It not at place of death? Former or Item OF (intermant) mportant. usual residence CAUSE 19 PLACE OF BURIAL OR REMOVAL (Address).... Crisfield 15 20 UNDERTAKER Filed June 9 1914 C. E. Collins M S. Lawson REGISTRAR ż

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

It death occurred to ----Ward) a hospital or institution. give its NAME Instead ot street and nomber.]

MEDICAL CERTIFICATE OF DEATH

(Day (Year) I HEREBY CERTIFY. That I attended decessed from as follows

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

State yrs. ____ mos.

DATE OF BURIAL

Cristleld

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Meastes; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of "Exhaustion,"



PHYSICIANS PERMANENT 10 back Instruct _ DEAT of OF mportant. CAUSE

ARENTS

16

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

Address) ...

14 THE ABOVE IS

OF MOTHER

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.: It death occurred toWard) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE It LESS than and that desth occurred on the date stated above, at. 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER

(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

of dealh yrs mos ds.	State	yrs	mos	-
Where was disease contracted, If not at place of death?		000000000000000000000000000000000000000		
Former or				

2/11/	AL OR REM	,
20 UNDERTAKER	elph	

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklo St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobite factory. (a) Spinner, (b) Cotton milt; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm taborer, Laborer-Coal cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Satesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canvatvutar heart disease; Chronic interstitial neptritis, thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inamition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopucumonia (secondary), 10 ds. Never report ample: injury, as fracture of skull, and consequences (e. g., by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidentat.drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "PUERPERAL septichac-"Exhaustion,"



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state and DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. item of information should be Every Item CAUSE OF I N. B.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

.Ward)

[If death occurred in a hospital or Institution give its NAME Instead ot street and number.]

²FULL NAME	WHI THE
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RAGE Single, MARRIED, Dieferch Wilsowso, ORDIVORCED (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
7- 2 ,914	, 191, to, 191,
(Month) (Day (Year)	that I last saw halive on
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Ethansling den to Steet (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Md	Contributory Secondary (Doration) yrs mos de
11 BIRTHPLACE	(Signed) J- Ciduu L, M.D. 276, 191 4 (Address) J J Ciduus
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER STATES	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL,
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death?
(Address). Mann	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
REGISTRAR	alworfor money

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis hant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (Recommendations on statement of (seeondary or intercurrent)



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT PLAINLY, WITH UNFADING INK-THIS IS N. 8.

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PLACE OF DEATH	8 A D 4
Sounty Somerset	
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 268

Village or City Monor (No. 157,	St; Ward) [If death occurred in a hospital or Institution, give its NAME instead
FULL NAME John John	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male B Single, MARRIED, WIDOWEO, OR DIVORCED OW THE the WORLD OF THE COLOR OF RACE OF SINGLE, MARRIED, WIDOWEO, OF DIVORCED OW THE LIE WORLD OW T	16 OATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY. That I attended deceased from
6 OATE OF BIRTH Moley 20 1914 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended deceased from 197 to 191 that I last saw h ally con 191
7 AGE If LESS 1han 1 day,hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or perticular kind of work (b) Generel nature of industry, business, or establishment in which employed (or employer)	Film Cont Pressure Problem (Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Winous Md	Contributory. (Secondary)
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OSFATHER OSFATHER 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Jea C. M. D. M. D. State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) DEALS Soland Mo	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece In the September of the Market Ma
(Informant)	Where wes disease contracted, If not et place of death? Former or
Address) Address) Filed July 2/ 1914 Geo. 19 Harry REGISTRAR If more blanks are needed, address State Registrar, 6 E	19 PLACE OF BURIAG OR REMOVAL DEALS Sland puly 21, 191 4 20 UMBERTAKER ADDRESS WEARLINGS DEALS AND SEAL SLAND WEARLINGS AND S

[Approved by L. S. Census and American Public Health
Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in Industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, pertionaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage, as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:



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N. B.—Every Item of CAUSE OF I

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isted EXACTLY. PHYSICIANS should state Exsct statement of OCCUPATION is very

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PERMANENT stated EXACTLY. 'PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 2

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VIII	2FULL NAME Ethero Long	St; Ward) a hospital or lostitution, give its NAME lastead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	A COLOR OR RACE B Seingle, MARRIED, WIODWED, ORDIVORCED ORDIVORCED (Write the word)	10 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY That I extended decessed from
6 DA	(Month) (Day (Year)	May a 1914, to July 24 , 1914 that I last aaw here allve on July 24 , 1914
TAG		and that death occurred on the data stated above, at # P m The CAUSE OF DEATH* was as follows:
(a) par	Trada, profession, or School stellar kind of work.	Julinonary Julishulozes
busi	Beneral nature of indostry, ness, or establishmeat in ch amployed (or amployer)	Gontributory Ornaciation and
- 81	RTHPLACE (State or country) 10 NAME OF	Secondary (Deration) yrs mos. ds
ARENTS	11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident
۵.	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE 13 FRUE TO THE BEST, OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place is the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

osual residance

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

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7066 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 2-61
Village or City Moins (No	St.; Ward) [If death occurred in a hospital or iostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH July (Month) (Day (Year)
2 - 8 - , 19/ (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from July 4, 1914, to July 7, 1914, that I last saw ham alive on July 7, 1914
7 AGE If LESS that 1 day,	and that death occurred on the date stated above at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Explanation
which employed (or employer) 9 BIRTHPLACE (State or country) Some Services (State or country)	Contributory Managettes Secondary
10 NAME OF FATHER Eli Jones 11 BIRTHPLACE OF FATHER	(Signed) Substitution (Signed) (Address) marion 500
Z (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER SULTABLE STATES 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	if not at place of death? Former or usual residence.
(Address) marion ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Reg	ristrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illmaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninyes, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or mlscarriage as "Puerperal septichacetc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection ueed not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of Never report For vio-



V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH County



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[If death occurred is a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, OR DIVDRED (Write the word)	Month (Day (Year)
DA	THE OF BIRTH THER 25 - 1892 (Month) (Day (Year)	Jaly 8, 1914, to July 10, 1914 that I last saw he alive on July 10, 191
AC		and that death occurred on the date stated above, at 11 30
	yrs mos ds OR min.?	Opphated on for Tubol Pregnan
(a)	Trade, profession, or Custer Gener	Dhask following
(b) busi	General nature of industry, ness, or establishmeof to the amployed (or employer)	(Duration) yrs mos
_	RTHPLACE (State or country) long light	Contributory Secondary
	10 NAME OF FATHER LAND HE Kring	(Signed) (Doration) yrs mos
KENIS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLE:
PAK	12 MAIDEN NAME OF MOTHER NAME OF MOT	TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENT OR RECENT OF THE PROPERTY OF THE
T	OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos.
. (lotormant) James H Jring	If not at place of death? Former or usual residence Cripfield Card.
	(Address) Cristiely	19 PLACE OF BURIAN OR REMOVAL DATE OF BURIAL
5	andrivery le E le Alin	20 UNDERTAKER ADDRESS
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, perilonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," For VIO-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St; Ward)

[If death occurred in a hospital or institution, give its NAME instead

2 FULL NAME doen May Stering	of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from	
B DATE OF BIRTH (Month) (Day) (Year)	that I last saw h live on 191	
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at	
BOCCUPATION (a) Trade, profession, or particular kind of work	Chifero Da gontum	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. 6	
State or country)	(Secondary)	
10 NAME OF FATHER Lace / Cicy	(Signed) Showh (Notes allegon, M. D.	
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Causes, state (2) whether Accidental Causes (2) whether Acciden	
V 12 MAIDEN NAME OF MOTHER Dances Came	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSCENS	
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or	
(Address) Bruiss alin 9723	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL	
Filed fleg 52 1916 1 Fried REGISTRAR	20 UNDERTAKER ADDRESS	
If more blanks are needed, address State Registrar, 6 I	E. Franklin St., Balto., Requesting V. S. No. 1	



[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manuger," "Dealer." etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the minc, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc..

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," valvular heart disease; Ohronio interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples:



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... If death occurred to .Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) (Day 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? ardia 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributor (State or country) 10 NAME OF PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAM OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State ____ yrs. ___ mos. Where was disease contracted. It not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional the nature of the business or industry, and therefore an cssary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiline is provided for the latter statement; Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of For vio-



V. S. No. 1.

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7070 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vil	lage or City August Cholines	St.; Ward) [If death occurred la a hospital or Institution,
	FULL NAME NEW Estell	Moreolog give its NAME lostead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RAGE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Sully 13 , 1914 (Month) (Day (Year)
6 D	Month) (Day (Year)	that I last saw here alive on July 1914.
7 A	GE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH* was as follows:
(a pa (b)	CCUPATION) Trade, protession, or ricular kind of work. Beneral nature of industry, iness, or establishment in	(Duration) yrs mas / 2 4s.
wh	RTHPLACE (State or country) 10 NAME OF //	Contributory Secondary (Duration) yrs mos 4s.
ARENTS	FATHER Grancis a. Monada 11 BIRTHPLACE OF FATHER (State or country) MI	(Signed) J. (Address) M. D. *State the DISEASE CAUSING DEATH, OF, 17 deaths from VIOLENT
PARE	13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of deathyrs,mos,ds.
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	Where was disease contracted, If not at place ot death? Former or usual residence
16 Fil	edrely 13, 1914 BY le Colling REGISTRAR	asbury Courclary July 14, 1914 20 UNDERTARER LAUROUR CESSES
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, ctc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in iudustrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerrenal septichaemus," "Old Age," "Shock," "Uraemla," "Weakuess," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; . Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertakeu. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

V. S. No. 1.

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

261 Registration Dist. No.

.....Ward)

lif death occurred in a hospital or institution, give its NAME instead of street and number.]

malone

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color of Race Single, MARRIED, Widowed, Or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
G DATE OF BIRTH (Month) (Day (Year)	that I last saw here alive on Suly 25, 1914
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work.	Paralisi
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 2 ds. Contributory Valuator Steat learn
(State or country) 2 many land 10 NAME OF Allfandler Mulane	(Signed) Q. A., B. Access, M.D.
11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Sugar Sull	If not at place of death? Former or usual residence
(Address). Marion 115 Filed 7-27, 191 × 2.2 Callana	19 PLACE OF BURIAL OF REMOVAL The state of Burial The state of Burial
If more blanks are needed, address State Regis	rge & E. Fronklin St. Rolto. Bogueritha V. S. N.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (discase causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all discases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



UNFADING INK-THIS IS WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very Exact statement PERMANENT stated EXACTLY. properly classified. AGE supplied. be DEATH in plain terms, so that it m See instructions on back of certificate. of Information should DEATH In plain CAUSE OF Important. 60

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

0.11	Registration L
Village or City Whe Hairound	St.;War
Bestin Piers	

d)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale Color of Race Single, Married, Widowed, Widowed, Write the word)	16 DATE OF DEATH July 3 , 191 (Month) (Day (Year)
6 DATE OF BIRTH	Mey 11 11 See 8. 7 W
Dec. 9 1891 (Year)	that I last saw here alive on 1914
⁷ AGE If LESS than	and that death occurred on the date stated above, at 3,000 mm
19 yrs 7 mos 2 24 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Pulmour, Tuberculor
business, or establishment in Which employed (or employer)	(Duration) yrs. 3 mos. ds
9 BIRTHPLACE (State or country) Mary (said	Secondary (Doration) yrs mos ds
10 NAME OF John E. Pierson	(Signed) Cethering to Loutons, M. D
State or country) 11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Dearli, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPASS
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the of death yrs mos ds. State yrs mos ds
(Informant) A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1166 Ti 8-2	usual residence

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

No. 1. σŝ

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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm-laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of State cause for Never report For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or Gity (No. St.; Ward) a hospital or I

FULL NAME Edirard augustus (Seid

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	Acoloror Race Single, Marieo, Widowed, Oraclororeto Oraclororeto Oraclororeto Owite the word)	18 DATE OF DEATH (Month) (Day (Year)
6 D/	ME OF BIRTH Securification (Month) (Day (Year)	17 I HEREBY CERTIFY. That I attended deceased from July 7, 191 4, to July 7, 191 4, that I last saw h
7 A C		and that death occurred on the date stated above, at
(a) par (b) busi	Trade, profession, or ficular kind of work. General nature of Industry, ness, or establishment in	(Duration)yrs ds ds.
9 81	RTHPLACE (State or country) nouth Co, Plus fersey, 10 NAME OF FATHER 10 NAME OF FATHER	Contributory Secondary (Duration) yrs mos ds. (Signed) Lale I le N. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 T	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWKEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death?
((Address) Marion Sty Mid	Former or usual residence
16 File	od 7/9 ,1914 Hanily	Muss aum 7/9 ,1911/ 20 UNDERTAKER ADDRESS
1	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every persou, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner; (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meminges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for mally oma, Sarcoma, etc., of...... (name origin; "Caumia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affectiou need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. "Contributory." dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustiou," Never report cause for



V. S. No. 1.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD AGE should be stated EXACTLY. of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. N. B.-Every Item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND ,7074

Village or City Unifield (No. 2)	CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [if death occurred in a hospital or lostitution, give its NAME lestwad of street and nombar.]
PERSONAL AND STATISTICAL PARTICULARS	DEDICAL CERTIFICATE OF DEATH
Spex 4 color or race Whole Special Acolor or race Single, MARRIED, Widowsto, Wido	16 DATE OF DEATH (Month) (Day (Year) 17 1 hereby Certify, that I attended deceased from 7, 1917, to 7, 1917, to
7 AGE (Month) (Day (Year) 1 LESS than 1 day, hrs. OR min.	and that death occurred on the day stated above, at m, The CAUSE OF DEATH * was as follows:
(a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployar) BIRTHPLACE (State or country)	(Buration) yrs mos ds. Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER A May had	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 15 TRUE TO THE BEST OF MY KNOWLEDGE (informant)	At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?— Former or osoai residence.
(Address) (Addre	19 STACE OF BURIAL OR REMOVAL BATE OF BURIAL 29 UNDERTAKER ADDRESS

velled If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as. "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canmia," "l'uerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Conis less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 8 1914 BUREAULYS

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. Write the word) (Dav I HEREBY CERTIFY. Tat 1 attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEYT CAUSES, state (1) MEANS OF INJURY; and (2) whether AccideNTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. Where was disease contracted. 14 THE ABOVE IS TRUE THE BEST OF MY KNOWLEDGE If not at place of death?. Former or (Informant)usuai residence. CAU Impo 15 191 4 Dr. C. E. Collins Filed July. ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, Civil engineer, Stalionary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the msease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonilis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deal; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertalned as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interslitial nephrilis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of may be stated under the head of "PUERPERAL septichae-Never report



BINDING FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[If death occurred la a hospifal or lostitution, give its NAME lastead of street and combar.]

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
GOLOR OR RACE Single, MARRIED, WIDDWED, ORDIVDRCED (Write the word)	Month (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
B DATE OF BIRTH	191 to 191		
(Month) (Day (Year)	that I last saw h aliva on		
TAGE If LESS that 1 day,hr	The GAUSE OF DEATH* was as follows:		
*** OCCUPATION (a) Trade, profession, or particular kiad of work	- bet 3d + 4 de month of prigname		
(b) Geaeral nature of lodusfry, busiaess, or establishmeaf in which employed (or omployar)	(Boration) yrs mos ds.		
*BIRTHPLACE (State or country)	Secondary (Gerafien) yrs mes ds.		
10 NAME OF LOVEY Roberts	(Signed) (Signed) , M. D.		
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT		
THE STANDER NAME OF MOTHER Mary	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.		
13 BIRTHPLACE OF MOTHER (State or country)	At place le the of death yrs, mos ds. State yrs, mos de		
(loformant) A A A A A A A A A A A A A A A A A A A	Where was disease contracted, If oof at place of death? Former or usual resideace.		
(Address) Vafing smasler	Dames Ingel Date of Burial		
Filed,191REGISTRAR	20 UNDERTAKER ADDRESS		
If more blanks are needed address State Re-	riginar Q E Prophile SA Date		

E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichaemere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

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certificate.	
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200	

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. N. B.—Every Item of CAUSE OF I PLACE OF DEATH 7076

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

_St.;Ward	_\$	t.;	W	ar	d	
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If death occurred in a hospital or lostitution, give its NAME instead of street and oumber.]

PE	RSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICA	E OF DEATH
3 _{SEX}	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	10 DATE OF DEATH (Month)	22 ,1914 (Day (Year)
d DATE OF B	PATH Junker (Month)	(Day (Year)	July 20 1914, to	That 1 attended deceased from 22, 191 4, 191 4,
7 AGE	19 yrs.		and that death occurred on the date i	
(a) Trade, profes particular kind ((b) General nati	estan, or Seenen	I Housework	2 January	MULLINGUE.
business, or exwhich employed BIRTHPLAC (State or	(or employer)		Contributory Exams)
10 NAME FATH	or Saul	Roberts	(Signed) EFS (Beration	, u. o.
Z OFF (Stat	ATHER de or country) EN NAME HOTHER	Poled:	*State the DISEASE CAUSING DEAT CAUSES, State (1) MEANS OF INJUR TAL, SUICIDAL, OF HOMICIDAL.	H, or, in deaths from VIOLENT; and (2) whether ACCIDEN-
13 BIRTH	e or country)	d.		the tate yrs de
(loformant)—	Washing	to fields	If not at place of death?————————————————————————————————————	
(Addres	s)	anager.	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER	DATE OF BURIAL
~		REGISTRAR	I M. Hindy	Deals Esland
	If more blanks a	are needed, address State Reg	istrar, 6 E. Franklin St., Balto., Requesting	V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Poreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease who receive a definite salary), may be entered as it should be used only when needed. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) mia," "PUEBPERAL peritonitis," etc. State thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for



S should state ATION is very Every item c CAUSE OF I PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 269

...Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Juice Phite Single, MARRIEO, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trabe, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos 17 ds. Contributory Secondary
10 NAME OF Styron Warren Shares 11 BIRTHPLACE	(Signed) (Duration) yrs mos ds. (Signed) Alex Territy, M. D.
OF FATHER (State or country) Orrole MA	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicinal.
of Mother Margin Parks 13 BIRTHPLACE OF MOTHER (State or country) Orisle MM	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds
(Informant) Weren Suns	Where was disease contracted, It not at place of death? Former or usual residence
(Address): Oroly M.	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL , 191, 191

REGISTRAR

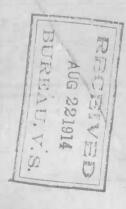
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, .(b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Nervant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphther'a (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcinteris

valvular heart disease; Chronic interstitial nephritis thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Can mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puebperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Juanition," "Maras. genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: cause of denth approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), may be stated under the head of (Recommendations on statement of (secondary), 10 ds. "Dropsy," "Exhaustion," Never report For vio-



BINDING 0 RESERVED ARGIN

202

SICIANS should OCCUPATION IS PHYSICIANS statement PERMANENT EXACTLY. stated classified. pinous properly INK supplied. pe UNFADING may certifica P back plain Instructions 5 WRITE 0 2 9 Every Item CAUSE OF Important.

BOCCUPATION (a) Trado, profession, or

BIRTHPLACE

PARENTS

15

particular kind of work

(b) General nature of Industry,

business, or establishment in

(State or country

11 BIRTHPLACE OF FATHER

13 BIRTHPLACE

(State op country)

(State or country)

10 NAME OF

which smployed (or emeloyer)

Very

FULL NAME. PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE MARRIED. WIDOWED. Write the 6 DATE OF BIRTH 7 AGE

(Day

(Year)

IL LESS than

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

[If death occurred la a hospital or institution. give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH DATE OF DEA Month) (Day (Year) EREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at ... The CAUSE OF DEATH* was as follows: Contributory Secondary *State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA. OR RECENT RESIDENTS) At place of death _____ yrs. Where was dispass contracted If not at place of death? Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTARE ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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CE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. NWard) hospital or institution. of street and number.] PERSONAL AND STATISTICAL PARTICULARS EDICAL CERTIFICATE OF DEATH (Month) (Day (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If DESS than and that death occurred on the te stated shove 1 day, hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed for employer) . Contributory PARENTS *State the DISEASE CAUSING DEATH, or, M deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INCUSTOR DEAT Where was disease contracted. jo OF mportant. Every It BURTAL 15 4 C. E. Collins Flied July 8 ADDAESS, REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

BINDIN

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT classified. INK UNFADING certificate. 80 0 6 plain See Instructions Information = DEATH 10 Item OF mportant. Every It 0

7080 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in ----Ward) a hospital or institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR MACE 5 SINGLE, 16 DATE OF DEATH MARRIED, 1914 WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attanded deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated shove, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? horn & Enlevel BOCCUPATION (a) Trade, profession, or none particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death yrs. mos. ds. State yrs, ____ mos. _ Where was disease contracted, THE ABOVE IS TRUE TO THE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. N. B.-

7081	STATE OF MAR	LAND
County Sommont	CERTIFICATE OF	3 /
7 7 -	Registration Dist	No. 260
Village or City Someing Chill (No.	St.;Ward)	[If death occurred in
7		a hospital or lostitution, give its NAME instead
FULL NAME Ovely W Slevenson		of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Thunde Block (Write the word)	16 DATE OF DEATH (Month)	93 ,1914 (Day (Year)
DATE OF BIRTH	17 I HEREBY GERTIFY, That I	attended deceased from
huschows ,	191, to	, 191,
(Month) (Day (Year)	that I last saw h alive on	191
7 AGE If LESS than	and that death occurred on the date stated	abovs, atm
3 8 yrs mos ds OR min ?	The CAUSE OF DEATH* was as follows:	
BOCCUPATION		
(a) Trade, profession, or forms wm (<u> </u>
(b) General nature of industry, business, or establishment in		
which employed (or employer)	Ord .	
9 BIRTHPLACE (State or country)	Secondary	1997
10 NAME OF	(Doration)	yrsds
FATHER TOWN	(Signed) It Jully Hofin	allufonel, M.D
OF FATHER	Jugo 8, 191X (Address) Prom	und Aunni.
(State or country) Me	State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and	in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Man Harmon	TAB, SUICIDAL, OF HUSICIDAL.	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)	INSTITUTIONS, TRANSIENTS
OF MOTHER (State or country)	At place in the of death yrs mos ds. State	yrs, ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
(intormant) tom Slivenson	Former or	
A Ray	usual residence	>
(Address) Values um m. VI fr)	Curlan	TE OF BURIAL
Filed then 73 1914 J. Jimith	20 UNDERTAKER	APPRESS
REGISTRAR	Win Jams	So Oum.

If more blanks are needed, address State Registrar, 6 E. Frank fin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. ample: ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report For VIO-



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WRITE PLAINLY, WITH

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of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state Teath in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF Important. S N.B.

PLACE OF DEATH - 7082

STATE OF MARYLAND CERTIFICATE OF DEATH

 	TOLLE	 ~ I	~ 1	440
		-		- 4
10	1-4-41	 D1-4	BI-	- 1

		Registration Dist, No.
Vii	Page or City Lawson Dulinger	St.; Ward) St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street ond number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH July 2 , 1914 (Year)
6 D	ATE OF BIRTH July 90 20 , 19/1	17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 for 191
7 A		and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION) Trade, protession, or relational field of work) Generot nature of industry, siness, or establishment in	(Still-Born)
Wh	ich omployed (or omployor) IRTHPLACE (State or country) Jawson Disluct	Contributory Secondary
TS	10 NAME OF FATHER Norman G. C. Swift 11 BIRTHPLACE OF FATHER	(Signed) (Notice (Address) (Signed) (Signed) (Address) (Signed) (M. D.
PARENTS	(State or country) Somersel Co Miles 12 MAIDEN NAME OF MOTHER GOVERNA 12 MAIDEN NAME OF MOTHER GOVERNA A Swill	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Someral les Mus	At place in the of deathyrsmosds. Stateyrsmosds
	(1010rmant) TRUE TO THE BEST OF MY KNOWLEDGE	Where wos disease contracted, if not at place of death?————————————————————————————————————
16	(Address) Crickely Med	Mariners Kennedar Address 20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL ADDRESS
111	ed 40074, 191 4 N 1 0.0. White.	Bul at land

If more blanks are needed, address State Registrar, 6 %. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

inus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," ratvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childblrth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer". Is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of_head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds., "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



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OCCUPATION PHYSICIANS RECORD EXACTLY. be stated classified. should properly AGE supplied. pe may certificate. carefully that 80 ō back plain terms, should 0 Instructions Information DEATH IN See 6 Item OF Every item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH onius Registration Dist. No It death occurred in St:Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCEO (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at f dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Outation) which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) - Ingland Des ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the of death yrs. mos. ds. yrs, mos. ds Where was disease contracted. 14 THE ABOVE IS TRUETO BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER Filed. APDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithfulcated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Disease Causing death—Is affection with respect to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage. as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailginjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Examples: For VIO-



B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

No. 1. v2

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vii	lage or City Habriah 7116 (No	st.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
35	eucale nute of single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY. That I a	22 ,191 (Year)
8 D	The state of the s	that I last saw h & alive on and that death occurred on the date stated at	2 Z , 191 4
(a) pa (b) bus whi	yrs	The CAUSE OF DEATH* was as follows: Caplants passes: Metal Metal Contributory Syncope Secondary Secondary	The mile
PARENTS	10 NAME OF FATHER Justific S, Calgare 11 SIRTHPLACE OF FATHER (State or country) Princes and MM, 12 MAIDEN NAME OF MOTHER LAND AND AND AND AND AND AND AND AND AND	(Signed) *State the DISEASE CAUSING DEATH, or, i. CAFSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL.	
14 7	13 BIRTHPLACE OF MOTHER COUNTRY OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	Where was disease contracted, If not at place of death? Former or usual residence	yrs ds
Fil	ed My 23 191 4 Of The sources	20 UNDERTAKER	DDRESS

REGISTRAR

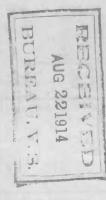
If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

duties of the household only (not paid Housekcepors statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer;" (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified. Is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcinelicsis of lungs, meninges, peritonaeum, etc.,

affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: which snrgical operation was undertaken. For vio mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. thre of the American Medical Association.) canse of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Mcasles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (disease cansing death), 29 Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of Information should be CAUSE OF DEATH in plain terms, so

8 ż **Important**.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

PERMANENT

S. No. 1.

1 PLACE OF DEATH County.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

[If death occurred in

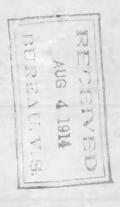
2FULL NAME	Tukusus a hospital or Institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jens Jens Jens Jens Jens Jens Jens Jens	16 DATE OF DEATH , 191
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from, 191, 191, 191,
7 AGE Probubly 1/2 have 1 day,hrs. yrs	that I last saw halive on
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	child forma dead in open ditch Probably 1/2 hours os.
9 BIRTHPLACE (State or country) Someset Co	Gontributory Medical Secondary (Doration) yrs mos ds.
TATHER THE STATE OF FATHER (State or country) THE STATE OF FATHER (State or country) THE STATE OF THE ST	(Signed) (Signed) (Address) (Address) (Signed) (Address)
12 MAIDEN NAME OF MOTHER WISCOUND 13 BIRTHPLACE OF MOTHER (State or country) Wiscound	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place of death yrs mos ds. Where was disease contracted.
(Informant)	If not at place of death? Former or usual residence.
Filed July 8, 191 4 6 6 Bolling REGISTRAR If more blanks are needed address State Registrar	Joseph Gell Gusfield strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
It is proble Birth ocers	

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None, CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Marasby carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from (secondary or intercurrent)



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. The DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

V. S. No. 1.

CAUSE OF Important. S

N. B.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 6

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000	2	τ.	******	 - 1	w	a.	•	- 3

[if death occurred in a hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Color or race Single, Morned Wildowed, ORDIVORCED (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from
Month) (Day (Year)	that I last saw h 1001 alive on July 23 , 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 2 a m
6 5 yrs 8 mos ds. 1 day,hrs.	The CAUSE OF DEATH* was as lollows:
BOCCUPATION	
(a) Trade, profession, or particular kind of work.	angra Vellana
(b) General nature of industry,	
business, or establishment in	(Ouration) yrs. mos. ds.
which employed (or employer)	Contributory Vigitalian 2 Walne of
9 BIRTHPLACE (State or country)	Secondary And Broad
10 NAME OF Nuchan Williams	(Signed) Q. Q. Q. Q. M. D. M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAINTER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
L 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a Leah Walles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) John Balland	Former or
	usual residence
(Address). 1 Cong I Con Med	19 PLACE OF BURIAL OR MEMOYAL DATE OF BURIAL
16 - 7760	Wallers Chapper 1-25,191
Filed / - 7 4 191 X J. V. Claum	20 UNDERTAKER ADDRESS
REGISTRAR	allowiton moning
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. childbirth or misearriage as "Puerperal septiehae cause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase eausing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of State cause for



7. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT V UNFADING INK-THIS IS WRITE PLAINLY, WITH

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

St.; .Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the Word) 9/3 **Grant OF BIRTH 1/9/3 (Year) **TAGE 1/9/3 (Year) **	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decessed from 191, to 191, that I last saw him alive on 191, and that death occurred on the date stated above, at 10 Pm. The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds. Contributory Largestive (Secondary)
OF ATHER STATUTE OF THE STATE OF MAIDEN NAME OF THE	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment)	At place of death? Where was disease contracted, I not at place of death?
(Address) Oassel Langle 15 Filed J. J., 1914 W. S. Telly Registran If more blanks are needed, address State Begistran	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lamber Lucatur Lucy 27, 1914. 20 UNDERTAKER ADDRESS Delas Island

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. catcd thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner; (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, it impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of _______(name origin; "Can-ver" is less definite; avoid use of "Tumor" for mails. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Never report



V. S. No. 1.

N.

RECORD PERMANENT that it may be properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS A AGE should CAUSE OF

stated EXACTLY. PHYSICIANS should state. DEATH in pisin terms, so See instructions on back of

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

CA.	Ward)
-36	

[If death occurred le hospite] or lostitution,

FULL NAME	ilsie 6. V	This give its NAME of street and unit	
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE	6 SINGLE, MARRIED, WIDOWED, ORDIVORGES (Write the Word)	(Month) (Day (Y	1914 Year
6 DATE OF BIRTH Sukuo (Month)	(Day (Year)	that I last saw h la slive on July	191.54.
TAGE	If LESS than 1 dayhrs.		3.A.m.
© OCCUPATION (a) Trade, prufession, ur particular kind of work	us,ds. <u>OR</u> min. ?	The CAUSE OF DEATH* was as follows:	reli
(b) General nature of Industry, business, or establishment lu which amployed (or amployer)	/	(Ouration) yes mos.	<u>y</u> .
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	1/11/2.1	Contributory Secondary (Duraliun) yrs mus (Signed)	alam ds.
11 BIRTHPLACE OF FATHER (State or country)	1	*State the Disease Causing Death, or in deaths from V	TOTENT
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	L. Roberto	*State the Disease Causing Death, or, in deaths from V Causes, state (1) Means of Injury; and (2) whether Act Tal, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN	
13 BIRTHPLACE OF MOTHER (State or country)	Md	At place le the uf deeth yrs, mos, ds. State yrs, mus,	
(lufurment) Ludier Structo The Best of My Knowledge		Where wes disease contracted, If out at piece of death? Furmer or usual rasidence	
(Address) A ansa	S: Kelly	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA 20 UNDERTAKER ADDRESS 1	191.4

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion, The nature of the



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..

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-Ward)

[It death occurred is a hospital or lostitution, give its NAME instead of street and nomber.]

	-FULL NAIME	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 5 5	4 COLOR OR RACE Stringle, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
8 p/	ATE OF BIRTH	
	Coal 12 .a.2	July 26, 1914, to July 26, 1914,
(Month) (Day (Year		that I last saw her alive on July 2 5 1914
TAC		and that death occurred on the date stated above, at 3 Pm.
1 dayhrs.		The CAUSE OF DEATH* was as follows:
	yrs mos ds. or min.?	THE CAUSE OF DEATH * Was as follows:
	CCUPATION	An hundring of
(a) Trade, profession, or particular kind of work		To roofered to any a
(b) General nature of industry,		
business, or establishment in		(Duration) 'yrs, mos, Ods.
which employed (or employer)		Contributory Leo Cililia
ы	(State or country)	Secondary
	10 NAME OF A	(Duration) yrs mos ds.
FATHER A A A MARCHANIA		(Signed) J. Loul M. D.
S	11 BIRTHPLACE	July 77, 191, L (Address) Conshell
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MOTHER 15 MOTHER 16 MOTHER		7
		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
A	OF MOTHER & March & College	
13 BIRTHPLACE		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)		At place to the ot death yrs, mos ds. State yrs, mos ds
14 -	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
0	Mel 18 - 00	If not at place of death?
(Interment) J. Healt		Former or usual residence
Confed WIN		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Vogetto file		lodd Early decre Mile 27 will
16 M. J. 20 11 27 D. C.D. 11.		cord of the cord
Filed Will a 7, 191 9 With Collins		ADDRESS
A	REGISTRAR	12 Jeduanis arispelle
1	II more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and eausation), using nlways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of For VIO-



V. S. No. 1.

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No. 260
Village or City Amecusauce (No, _	St.; Ward) St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDEWED, OPENINGED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 O I HEREBY GERTIFY, That I attended degeased from
Olofo Day 1903 (Month) (Day Vicar)	that I last saw he allve on July 40 1914
TAGE If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER THE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Jean (Alefess) Party, Or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicinal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
(Address) WM Och Usus 716	DATE OF BURIAL OR REMOVATE DATE OF BURIAL 191 20 UNIDERTAKER ADDRESS /

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Nevcr (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; Never report

